

KidsCare Disenrollment Survey

Dear KidsCare Parent:

This survey is sent to the parent(s) of each KidsCare member whose KidsCare Health Insurance coverage ended. Your participation in completing this survey will help us to improve the KidsCare Health Insurance Program. Your answers will remain anonymous. Darken the answer box by using a blue or black pen. Shade only one answer for each question.

1. Please select from the choices below why your child is no longer enrolled in KidsCare.

- | | |
|---|---|
| <input type="radio"/> I did not reapply. | <input type="radio"/> I did not know that I needed to reapply. |
| <input type="radio"/> My child is covered by other insurance. | <input type="radio"/> The program dropped my child. |
| <input type="radio"/> I could not pay the premium. | <input type="radio"/> My child is still on KidsCare. |
| <input type="radio"/> I did not think my child would still be eligible. | <input type="radio"/> I don't know why my child is not on KidsCare. |

Please answer the following questions to help us further evaluate our program.

- | | Yes | No | N/A |
|---|-----------------------|-----------------------|-----------------------|
| 2. I received the renewal application. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. I have obtained other insurance for my children. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. My income increased. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. My family size changed. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. The premium amount was affordable. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. My child(ren) used the medical insurance while on the program. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. I would apply for KidsCare again if my child needed health insurance.
(If no, please explain) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

9. If I could change the KidsCare program, I would:

10. If you do not understand why the KidsCare Health Insurance Program closed your case, please explain what you think happened.

Thank you for your assistance. Please return this survey in the enclosed, postage paid envelope. If you want further information on the KidsCare program, please call (602) 417-5437 in the Phoenix area, statewide at 1 (877)-764-5437 or provide your information below if you wish to be contacted. This information is optional.

Name: _____

Address: _____

City/State/Zip Code: _____

Telephone Number: _____